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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	ROT.706D
	First Name of Inventor	Krywiczjanin
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	3673
	Examiner Name	Grosz, Alexander

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Data and Power Interface for Therapeutic Bed

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/IE02/00085	PCT	6/26/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S2001/0589	Ireland	6/26/2001	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		000030159		OR <input type="checkbox"/> Correspondence address below	
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Address							
City				State		ZIP	
Country			Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Wladyslaw H.				Krywicznanin			
Inventor's Signature <i>W. H. Krywicznanin</i>						Date <i>13 April 2003</i>	
Residence: City			State		Country		Citizenship
Ringwood			Hampshire		UK		UK
Mailing Address 29 Kingfisher Way, North Poulner							
City			State		ZIP		Country
Ringwood			Hampshire		BH24 3LP		UK
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Christopher T.				Niederkrom			
Inventor's Signature <i>Christopher T. Niederkrom</i>						Date <i>4/29/03</i>	
Residence: City			State		Country		Citizenship
San Antonio			TX		US		US
Mailing Address 14002 Cedar Mill							
City			State		ZIP		Country
San Antonio			TX		78231		US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)



Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mark		Beard	
Inventor's Signature 		Date <u>25/MAR/2003</u>	
Ferndown Residence: City	Dorset State	UK Country	UK Citizenship
Mailing Address 1 Sherford Close, Northmoor Way <u>4 MONKS CLOSE, WEST MOONS</u>			
Mailing Address			
City Ferndown	State Dorset	ZIP BH22 OHE	Country UK
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David		Whyte	
Inventor's Signature 		Date <u>25-03-2003</u>	
Wareham Residence: City	Dorset State	UK Country	UK Citizenship
Mailing Address <u>1 Sherford Close, Northmoor Way</u>			
Mailing Address			
City Wareham	State Dorset	ZIP BH20 4JL	Country UK
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	KRYWICZANIN, Wladyslaw
Title	Data and Power Interface for Therapeutic Bed
Group Art Unit	3673
Examiner Name	Grosz, Alexander
Attorney Docket Number	ROT.706D

I hereby appoint:

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Zip

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Wladyslaw H. Krywiczani
Signature	<i>W. H. Krywiczani</i>
Date	13 APRIL 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name

Christopher T. Niederkrom

Signature

Christopher T. Niederkrom

Date

4/29/03

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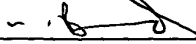
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	Mark Beard
Signature	
Date	25 th March 2003

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☒ *Total of 4 forms are submitted.

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Name	David Whyte
Signature	<i>D. Whyte</i>
Date	25/03/2003

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